



				-				-			
EPA Facility ID# (leave blank for first submission only)											

Section 1. Registration

1.1.a. Facility Name (maximum 50 characters)

1.1.b. Parent Company #1 Name (maximum 50 characters)

1.1.c. Parent Company #2 Name (maximum 50 characters)

(leave blank for first submission only)

1.4.a. Facility DUNS	1.4.b. Parent Company #1 DUNS	1.4.c. Parent Company #2 DUNS
<div></div>	<div></div>	<div></div>

1.5.a. Street - Line 1 (maximum 35 characters)					
1.5.b. Street - Line 2 (maximum 35 characters)					
1.5.c. City (maximum 19 characters)				1.5.d. State <div style="border-bottom: 1px solid black; width: 80px;"></div>	
1.5.e. Zip Code Zip +4 Code <div style="display: flex; justify-content: space-around;"> <div><div style="border-bottom: 1px solid black; width: 20px;"></div></div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div></div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div></div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div></div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div></div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div></div> </div>			1.5.f. County (maximum 20 characters) <div style="border-bottom: 1px solid black; height: 20px;"></div>		
1.5.g. Facility Latitude (report in degrees, minutes, and seconds) <div style="display: flex; align-items: center; gap: 10px;"> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> +/-</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> D</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> D</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> M</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> M</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> S</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> S</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> .</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> S</div> </div>			1.5.h. Facility Longitude (report in degrees, minutes, and seconds) <div style="display: flex; align-items: center; gap: 10px;"> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> +/-</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> D</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> D</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> D</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> M</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> M</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> S</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> S</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> .</div> <div><div style="border-bottom: 1px solid black; width: 20px;"></div> S</div> </div>		
1.5.i. Method for determining Lat/Long (see User Manual for codes) <div style="border-bottom: 1px solid black; width: 100px;"></div>			1.5.j. Description of location identified by Lat/Long (see User Manual for codes) <div style="border-bottom: 1px solid black; width: 100px;"></div>		



Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

1

Section 1. Registration

1.6. Owner or Operator

1.6.a. Name (maximum 35 characters)

1.6.b. Phone (____)____-____

Owner or Operator Mailing Address

1.6.c. Street - Line 1 (maximum 35 characters)

1.6.d. Street - Line 2 (maximum 35 characters)

1.6.e. City (maximum 19 characters)

1.6.f. State ____

1.6.g. Zip Code Zip +4 Code
____-____

1.7. Name and title of person or position responsible for RMP (part 68) implementation

1.7.a. Name of person (maximum 35 characters)

1.7.b. Title of person or position (maximum 35 characters)

1.8. Emergency Contact

1.8.a. Name (maximum 35 characters)

1.8.b. Title of person or position (maximum 35 characters)

1.8.c. Phone (____)____-____

1.8.d. 24-Hour Phone (____)____-____

1.8.e. 24-Hour Phone Extension/PIN # (maximum 35 characters)

1.9. Other Points of Contact (Optional)

1.9.a. Facility or Parent Company E-mail Address
(maximum 100 characters)

1.9.b. Facility Public Contact Phone Number

(____)____-____

1.9.c. Facility or Parent Company WWW Homepage Address (maximum 100 characters)



Risk Management Plan

Facility Name: _____

____-____-____
EPA Facility ID# (leave blank for first submission only)

1

Section 1. Registration

1.10. Local Emergency Planning Committee (LEPC) (optional) (maximum 30 characters)

1.11. Number of full-time employees (FTEs) on site

1.12. Covered by (select all that apply)

☐ 1.12.a. OSHA PSM

☐ 1.12.b. EPCRA section 302

☐ 1.12.c. CAA Title V Air Operating Permit Program. If covered, specify permit ID# below.

1.13. OSHA Star or Merit Ranking (optional)

☐ Yes

☐ No

1.14. Last Safety Inspection (by an External Agency) Date

M M

D D

Y Y Y Y

1.15. Last Safety Inspection Performed by an External Agency (select one)

☐ 1.15.a. OSHA

☐ 1.15.b. State occupational safety agency

☐ 1.15.c. EPA

☐ 1.15.d. State environmental agency

☐ 1.15.e. Fire department

☐ 1.15.f. Never had one

☐ 1.15.g. Other (specify) (maximum 50 characters)

1.16. Will this RMP involve Predictive Filing? (optional)

☐ Yes

☐ No



Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

1

Section 1. Registration

1.17. Process Specific Information. For each covered process, fill in this page. If you are reporting more than one process, make a photocopy of this page and report each process on a separate sheet.

Process ID# (optional—for your reference only)

Process Description (optional—for your reference only)

1.17.a. Program Level (select one)

☐ 1

☐ 2

☐ 3

1.17.b. NAICS Code(s) (five or six digits)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

1.17.c. Chemical(s) (regulated substance(s))

1.17.c.1. Name (maximum 100 characters)	1.17.c.2. CAS Number (10 characters)	1.17.c.3. Quantity (lbs) (max. 12 chars.)
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

If you need more space to list NAICS codes or chemicals, please make a photocopy of this sheet.





Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

2

Section 2. Toxics: Worst Case

(If you need to report a worst-case scenario, make a photocopy of pages 2-1 and 2-2 and report each scenario separately)

2.1. Chemical

2.1.a. Name (maximum 100 characters)

2.1.b. Percent weight of chemical (if in a mixture)

_____. ____%

2.2. Physical state (select one)

☐ 2.2.a. Gas

☐ 2.2.b. Liquid

☐ 2.2.c. Gas liquified by pressure

☐ 2.2.d. Gas liquified by refrigeration

2.3. Model Used (select one or enter another model name in Other below)

☐ 2.3.a. EPA's OCA Guidance Reference Tables or Equations

☐ 2.3.b. EPA's RMP Guidance for Ammonia Refrigeration Reference Tables or Equations

☐ 2.3.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations

☐ 2.3.e. EPA's RMP Guidance for Warehouses Reference Tables or Equations

☐ 2.3.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations

☐ 2.3.g. EPA's RMP*Comp™

☐ 2.3.h. Areal Locations of Hazardous Atmospheres (ALOHA®)

☐ 2.3.z. Other model (specify) (maximum 255 characters)

2.4. Scenario (select one)

☐ 2.4.a. Gas Release

☐ 2.4.b. Liquid Spill and Vaporization

2.5. Quantity released (lbs)

_____. ____

2.6. Release rate (lbs/minute)

_____. ____

2.7. Release duration (minutes)

_____. ____

2.8. Wind speed (meters/second)

_____. ____

2.9. Atmospheric stability class (A-F)

2.10. Topography (select one)

☐ 2.10.a. Urban

☐ 2.10.b. Rural

2.11. Distance to endpoint (miles)

_____. ____





Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

2

Section 2. Toxics: Worst Case

2.12. Estimated residential population within distance to endpoint (numeric)

_____, _____, _____

2.13. Public receptors within distance to endpoint (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 2.13.a. Schools | <input type="checkbox"/> 2.13.g. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 2.13.b. Residences | _____ |
| <input type="checkbox"/> 2.13.c. Hospitals | _____ |
| <input type="checkbox"/> 2.13.d. Prison/Correctional Facilities | _____ |
| <input type="checkbox"/> 2.13.e. Recreation Areas | _____ |
| <input type="checkbox"/> 2.13.f. Major commercial, office, or industrial areas | _____ |

2.14. Environmental receptors within distance to endpoint (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 2.14.a. National or State Parks, Forests, or Monuments | <input type="checkbox"/> 2.14.d. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 2.14.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges | _____ |
| <input type="checkbox"/> 2.14.c. Federal Wilderness Area | _____ |

2.15. Passive mitigation considered (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 2.15.a. Dikes | <input type="checkbox"/> 2.15.f. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 2.15.b. Enclosures | _____ |
| <input type="checkbox"/> 2.15.c. Berms | _____ |
| <input type="checkbox"/> 2.15.d. Drains | _____ |
| <input type="checkbox"/> 2.15.e. Sumps | _____ |

2.16. Graphics file name (optional) (maximum 12 characters)





EPA Facility ID# (leave blank for first submission only)

Section 3. Toxics: Alternative Releases

(If you need to report more than one alternative release scenario, make a copy of pages 3-1 and 3-2 and report each scenario separately)

3.1.a. Name (maximum 100 characters)

3.1.b. Percent weight of chemical (if in a mixture)

. %

- ☐ 3.2.a. Gas
- ☐ 3.2.b. Liquid
- ☐ 3.2.c. Gas liquified by pressure
- ☐ 3.2.c. Gas liquified by refrigeration

- ☐ 3.3.a. EPA's OCA Guidance Reference Tables or Equations
- ☐ 3.3.b. EPA's RMP Guidance for Ammonia Refrigeration Reference Tables or Equations
- ☐ 3.3.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- ☐ 3.3.e. EPA's RMP Guidance for Warehouses Reference Tables or Equations
- ☐ 3.3.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- ☐ 3.3.g. EPA's RMP*Comp™
- ☐ 3.3.h. Areal Locations of Hazardous Atmospheres (ALOHA®)
- ☐ 3.3.z. Other model (specify) (maximum 200 characters)

☐ 3.4.a. Transfer hose failure

☐ 3.4.b. Pipe leak

☐ 3.4.c. Vessel leak

☐ 3.4.d. Overfilling

☐ 3.4.e. Rupture disk/relief valve failure

☐ 3.4.f. Excess flow device failure

☐ 3.4.g. Other (specify) (maximum 35 characters)

3.5. Quantity released (lbs)	3.6. Release rate (lbs/minute)
[] [] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] . []
3.7. Release duration (minutes)	3.8. Wind speed (meters/second)
[] [] [] [] . []	[] [] [] . []
3.9. Atmospheric stability class (A-F)	
[]	



Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

3

Section 3. Toxics: Alternative Releases

3.10. Topography (select one)

☐ 3.10.a. Urban

☐ 3.10.b. Rural

3.11. Distance to endpoint (miles)

_____.____.

3.12. Estimated residential population within distance to endpoint

_____,_____,_____

3.13. Public receptors within distance to endpoint (select all that apply)

☐ 3.13.a. Schools

☐ 3.13.b. Residences

☐ 3.13.c. Hospitals

☐ 3.13.d. Prisons/Correctional facilities

☐ 3.13.e. Recreation areas

☐ 3.13.f. Major commercial, office, or industrial areas

☐ 3.13.g. Other (specify) (maximum 200 characters)

3.14. Environmental receptors within distance to endpoint (select all that apply)

☐ 3.14.a. National or State Parks, Forests, or
Monuments

☐ 3.14.b. Officially Designated Wildlife Sanctuaries,
Preserves, or Refuges

☐ 3.14.c. Federal Wilderness Area

☐ 3.14.d. Other (specify) (maximum 200 characters)

3.15. Passive mitigation considered (select all that apply)

☐ 3.15.a. Dikes

☐ 3.15.b. Enclosures

☐ 3.15.c. Berms

☐ 3.15.d. Drains

☐ 3.15.e. Sumps

☐ 3.15.f. Other (specify) (maximum 200 characters)

3.16. Active mitigation considered (select all that apply)

☐ 3.16.a. Sprinkler systems

☐ 3.16.b. Deluge systems

☐ 3.16.c. Water curtain

☐ 3.16.d. Neutralization

☐ 3.16.e. Excess flow valve

☐ 3.16.f. Flares

☐ 3.16.g. Scrubbers

☐ 3.16.h. Emergency shutdown systems

☐ 3.16.i. Other (specify) (maximum 200 characters)

3.17 Graphics file name (optional) (maximum 12 characters)





EPA Facility ID# (leave blank for first submission only)

Section 4. Flammables: Worst Case

(If you need to report more than one worst-case scenario, make a photocopy of pages 4-1 and 4-2 and report each scenario separately)

4.2. Model Used (select one or enter another model name in Other below)

- ☐ 4.2.a. EPA's OCA Guidance Reference Tables or Equations
- ☐ 4.2.c. EPA's RMP Guidance for Propane Storage Facilities Reference Tables or Equations
- ☐ 4.2.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- ☐ 4.2.e. EPA's RMP Guidance for Warehouses Reference Tables or Equations
- ☐ 4.2.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- ☐ 4.2.g. EPA's RMP*Comp™
- ☐ 4.2.z. Other model (specify) (maximum 235 characters)

Vapor Cloud Explosion

4.5. Endpoint Used (only one option)
1 PSI

| | | | |

☐ 4.8.a. Schools
 ☐ 4.8.f. Major commercial, office, or industrial areas
☐ 4.8.b. Residences
 ☐ 4.8.g. Other (specify) (maximum 200 characters)
☐ 4.8.c. Hospitals
☐ 4.8.d. Prisons/Correctional Facilities
☐ 4.8.e. Recreation Areas

☐ 4.9.a. National or State Parks, Forests, or Monuments ☐ 4.9.d. Other (specify) (maximum 200 characters)

☐ 4.9.b. Officially Designated Wildlife Sanctuaries,
Preserves, or Refuges

☐ 4.9.c. Federal Wilderness Area



EPA Facility ID# (leave blank for first submission only)

Section 4. Flammables: Worst Case

☐ 4.10.b. Other (specify) (maximum 200 characters)

Are you claiming confidential business information in this section?



EPA Facility ID# (leave blank for first submission only)

Section 5. Flammables: Alternative Releases

(If you need to report more than one alternative release scenario, make a copy of pages 5-1 and 5-2 and report each scenario separately)

5.1. Chemical Name (maximum 100 characters)

5.2. Model Used (select one or enter another model name in Other below)

- ☐ 5.2.a. EPA's OCA Guidance Reference Tables or Equations
- ☐ 5.2.c. EPA's RMP Guidance for Propane Storage Facilities Reference Tables or Equations
- ☐ 5.2.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- ☐ 5.2.e. EPA's RMP Guidance for Warehouses Reference Tables or Equations
- ☐ 5.2.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- ☐ 5.2.g. EPA's RMP*Comp™
- ☐ 5.2.z. Other model (specify) (maximum 255 characters)

5.3. Scenario (select one)

- ☐ 5.3.a. Vapor cloud explosion
 ☐ 5.3.f. Vapor cloud fire

☐ 5.3.b. Fireball
 ☐ 5.3.g. Other (specify) (maximum 30 characters)

☐ 5.3.c. BLEVE

☐ 5.3.d. Pool fire

☐ 5.3.e. Jet fire

5.4. Quantity released (lbs)

5.5. Endpoint used (select one)

- ☐ 5.5.a. 1 PSI
- ☐ 5.5.b. 5 kw/m² for 40 seconds
- ☐ 5.5.c. Lower flammability limit (specify) | | . |

5.6. Distance to endpoint (miles)

5.7. Estimated residential population within distance to endpoint

Are you claiming confidential business information in this section?



Risk Management Plan

Facility Name: _____

- -
EPA Facility ID# (leave blank for first submission only)

5

Section 5. Flammables: Alternative Releases

5.8. Public receptors within distance to endpoint (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 5.8.a. Schools | <input type="checkbox"/> 5.8.f. Major commercial, office, or industrial areas |
| <input type="checkbox"/> 5.8.b. Residences | <input type="checkbox"/> 5.8.g. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 5.8.c. Hospitals | _____ |
| <input type="checkbox"/> 5.8.d. Prisons/Correctional facilities | _____ |
| <input type="checkbox"/> 5.8.e. Recreation areas | _____ |

5.9. Environmental receptors within distance to endpoint (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 5.9.a. National or State Parks, Forests, or Monuments | <input type="checkbox"/> 5.9.d. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 5.9.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges | _____ |
| <input type="checkbox"/> 5.9.c. Federal Wilderness Area | _____ |

5.10. Passive mitigation considered (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 5.10.a. Dikes | <input type="checkbox"/> 5.10.e. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 5.10.b. Fire walls | _____ |
| <input type="checkbox"/> 5.10.c. Blast walls | _____ |
| <input type="checkbox"/> 5.10.d. Enclosures | _____ |

5.11. Active mitigation considered (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 5.11.a. Sprinkler system | <input type="checkbox"/> 5.11.e. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 5.11.b. Deluge system | _____ |
| <input type="checkbox"/> 5.11.c. Water curtain | _____ |
| <input type="checkbox"/> 5.11.d. Excess flow valve | _____ |

5.12. Graphics file name (optional) (maximum 12 characters)

☐



Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

6

Section 6. Five-Year Accident History

(If you need to report more than one accident history, make a photocopy of pages 6-1 through 6-3 and report each accident separately)

Would you like to certify that your facility *did not have* any reportable accidents in the last 5 years?

☐ Yes; leave the rest of this section blank ☐ No; fill out this section for each accident

6.1. Date of accident (day, month, and year)

____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|
M M D D Y Y Y Y Y Y

6.2. Time accident began (hours and minutes)

____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|
H H M M ☐ a.m. ☐ p.m.

6.3. NAICS code of process involved

____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|

6.4. Release duration (hours and minutes)

____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|
H H H M M

6.5. Chemical(s) released (if you need more space to list chemicals, please make a photocopy of this sheet)

6.5.a.i. Chemical name (maximum 100 characters)	6.5.a.ii CAS number	6.5.b. Quantity released (lbs.)	6.5.c. Percent weight of chemical if in a mixture (toxics only)
	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____		____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____		____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____		____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____		____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

6.6. Release event (select at least one)

- ☐ a. Gas release ☐ c. Fire
☐ b. Liquid spill/evaporation ☐ d. Explosion

6.7. Release source (select at least one)

- ☐ a. Storage vessel ☐ g. Joint
☐ b. Piping ☐ h. Other (specify) (maximum 200 characters)
☐ c. Process vessel
☐ d. Transfer hose
☐ e. Valve
☐ f. Pump



Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

6

Section 6. Five-Year Accident History

6.8. Weather conditions at time of event

a.i. Wind speed (numerical) _____.____	Wind speed unit <input type="checkbox"/> miles/hr. <input type="checkbox"/> knots <input type="checkbox"/> meters/sec.	a.ii. Wind direction _____
b. Temperature (°F) _____	c. Atmospheric stability class (A-F) _____	<input type="checkbox"/> d. Precipitation present
<input type="checkbox"/> e. Unknown weather conditions (check if a-d are all unknown)		

6.9. On-site Impacts

a. Deaths (enter numbers) a.i. Employees or contractors _____ a.ii. Public responders _____ a.iii. Public _____	b. Injuries (enter numbers) b.i. Employees or contractors _____ b.ii. Public responders _____ b.iii. Public _____
c. Property damage \$ _____,_____,_____	

6.10. Known off-site impacts (enter numbers)

a. Deaths _____	d. Evacuated _____
b. Hospitalizations _____	e. Sheltered-in-place _____
c. Other medical treatment _____	f. Property damage (\$): _____

6.10.g. Environmental damage (select all that apply)

- ☐ g.1. Fish or animal kills
☐ g.2. Tree, lawn, shrub, or crop damage
☐ g.3. Water contamination
☐ g.4. Soil contamination
☐ g.5. Other (specify) (maximum 200 characters)





Risk Management Plan

Facility Name: _____

____-____-____
EPA Facility ID# (leave blank for first submission only)

6

Section 6. Five-Year Accident History

6.11. Initiating event (select one)

- | | |
|---|--|
| <input type="checkbox"/> a. Equipment failure | <input type="checkbox"/> c. Natural (weather conditions, earthquake) |
| <input type="checkbox"/> b. Human error | <input type="checkbox"/> d. Unknown |

6.12. Contributing factors (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> a. Equipment failure | <input type="checkbox"/> i. Unsuitable equipment |
| <input type="checkbox"/> b. Human error | <input type="checkbox"/> j. Unusual weather conditions |
| <input type="checkbox"/> c. Improper procedure | <input type="checkbox"/> k. Management error |
| <input type="checkbox"/> d. Overpressurization | <input type="checkbox"/> l. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> e. Upset condition | _____ |
| <input type="checkbox"/> f. By-pass condition | _____ |
| <input type="checkbox"/> g. Maintenance activity/inactivity | |
| <input type="checkbox"/> h. Process design failure | |

6.13. Off-site responders notified (select one)

- | | |
|--|--|
| <input type="checkbox"/> a. Notified only | <input type="checkbox"/> c. No, not notified |
| <input type="checkbox"/> b. Notified and responded | <input type="checkbox"/> d. Unknown |

6.14. Changes introduced as a result of the accident (select at least one)

- | | |
|---|--|
| <input type="checkbox"/> a. Improved/upgraded equipment | <input type="checkbox"/> j. None |
| <input type="checkbox"/> b. Revised maintenance | <input type="checkbox"/> k. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> c. Revised training | _____ |
| <input type="checkbox"/> d. Revised operating procedures | _____ |
| <input type="checkbox"/> e. New process controls | _____ |
| <input type="checkbox"/> f. New mitigation systems | _____ |
| <input type="checkbox"/> g. Revised emergency response plan | _____ |
| <input type="checkbox"/> h. Changed process | _____ |
| <input type="checkbox"/> i. Reduced inventory | _____ |





Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

7

Section 7. Prevention Program: Program 3

(If you need to report more than one prevention program, make a photocopy of pages 7-1 through 7-4 and report each separately)

Prevention program description:

7.1 NAICS code for process

--	--	--	--	--	--	--

7.2 Chemical name(s) (maximum 100 characters)

If you need more space to list chemicals, please make a photo copy of this sheet.

7.3. Date on which the safety information was last reviewed or revised

M	M	D	D	Y	Y	Y	Y		

7.4. Process Hazards Analysis (PHA)

7.4.a. Date of last PHA or PHA update

M	M	D	D	Y	Y	Y	Y		

7.4.b. Technique used (select at least one)

- ☐ 7.4.b.1. What If
☐ 7.4.b.2. Checklist
☐ 7.4.b.3. What If/Checklist (combined)
☐ 7.4.b.4. HAZOP
☐ 7.4.b.5. Failure Mode & Effects Analysis

- ☐ 7.4.b.6. Fault Tree Analysis
☐ 7.4.b.7. Other (Specify) (maximum 200 characters)

--



Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

7

Section 7. Prevention Program: Program 3

7.4.c. Expected or actual date of completion of all changes resulting from last PHA or PHA update

____|____|____|____|____|____|____|____|____|____|
M M D D Y Y Y Y

7.4.d. Major hazards identified (select at least one)

- | | |
|--|--|
| <input type="checkbox"/> 7.4.d.1. Toxic release | <input type="checkbox"/> 7.4.d.10. Equipment failure |
| <input type="checkbox"/> 7.4.d.2. Fire | <input type="checkbox"/> 7.4.d.11. Loss of cooling, heating, electricity, instrument air |
| <input type="checkbox"/> 7.4.d.3. Explosion | <input type="checkbox"/> 7.4.d.12. Earthquake |
| <input type="checkbox"/> 7.4.d.4. Runaway reaction | <input type="checkbox"/> 7.4.d.13. Floods (flood plain) |
| <input type="checkbox"/> 7.4.d.5. Polymerization | <input type="checkbox"/> 7.4.d.14. Tornado |
| <input type="checkbox"/> 7.4.d.6. Overpressurization | <input type="checkbox"/> 7.4.d.15. Hurricanes |
| <input type="checkbox"/> 7.4.d.7. Corrosion | <input type="checkbox"/> 7.4.d.16. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 7.4.d.8. Overfilling | _____ |
| <input type="checkbox"/> 7.4.d.9. Contamination | |

7.4.e. Process controls in use (select at least one)

- | | |
|---|---|
| <input type="checkbox"/> 7.4.e.1. Vents | <input type="checkbox"/> 7.4.e.12. Emergency power |
| <input type="checkbox"/> 7.4.e.2. Relief valves | <input type="checkbox"/> 7.4.e.13. Backup pump |
| <input type="checkbox"/> 7.4.e.3. Check valves | <input type="checkbox"/> 7.4.e.14. Grounding equipment |
| <input type="checkbox"/> 7.4.e.4. Scrubbers | <input type="checkbox"/> 7.4.e.15. Inhibitor addition |
| <input type="checkbox"/> 7.4.e.5. Flares | <input type="checkbox"/> 7.4.e.16. Rupture disks |
| <input type="checkbox"/> 7.4.e.6. Manual shutoffs | <input type="checkbox"/> 7.4.e.17. Excess flow device |
| <input type="checkbox"/> 7.4.e.7. Automatic shutoffs | <input type="checkbox"/> 7.4.e.18. Quench system |
| <input type="checkbox"/> 7.4.e.8. Interlocks | <input type="checkbox"/> 7.4.e.19. Purge system |
| <input type="checkbox"/> 7.4.e.9. Alarms and procedures | <input type="checkbox"/> 7.4.e.20. None |
| <input type="checkbox"/> 7.4.e.10. Keyed bypass | <input type="checkbox"/> 7.4.e.21. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 7.4.e.11. Emergency air supply | _____ |

7.4.f. Mitigation systems in use (select at least one)

- | | |
|--|---|
| <input type="checkbox"/> 7.4.f.1. Sprinkler system | <input type="checkbox"/> 7.4.f.7. Enclosure |
| <input type="checkbox"/> 7.4.f.2. Dikes | <input type="checkbox"/> 7.4.f.8. Neutralization |
| <input type="checkbox"/> 7.4.f.3. Fire walls | <input type="checkbox"/> 7.4.f.9. None |
| <input type="checkbox"/> 7.4.f.4. Blast walls | <input type="checkbox"/> 7.4.f.10. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 7.4.f.5. Deluge system | _____ |
| <input type="checkbox"/> 7.4.f.6. Water curtain | |

7.4.g. Monitoring/detection systems in use (select at least one)

- | | |
|--|--|
| <input type="checkbox"/> 7.4.g.1. Process area detectors | <input type="checkbox"/> 7.4.g.4. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 7.4.g.2. Perimeter monitors | _____ |
| <input type="checkbox"/> 7.4.g.3. None | |





Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

7

Section 7. Prevention Program: Program 3

7.4.h. Changes since last PHA or PHA update (select at least one)

- | | |
|--|---|
| <input type="checkbox"/> 7.4.h.1. Reduction in chemical inventory | <input type="checkbox"/> 7.4.h.8. None recommended |
| <input type="checkbox"/> 7.4.h.2. Increase in chemical inventory | <input type="checkbox"/> 7.4.h.9. None |
| <input type="checkbox"/> 7.4.h.3. Change in process parameters | <input type="checkbox"/> 7.4.h.10. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 7.4.h.4. Installation of process controls | |
| <input type="checkbox"/> 7.4.h.5. Installation of process detection systems | |
| <input type="checkbox"/> 7.4.h.6. Installation of perimeter monitoring systems | _____ |
| <input type="checkbox"/> 7.4.h.7. Installation of mitigation systems | _____ |

7.5 Date of most recent review or revision of operating procedures

____|____|____|____|____|____|
M M D D Y Y Y Y

7.6 Training

7.6.a. Date of most recent review or revision of training programs

____|____|____|____|____|____|
M M D D Y Y Y Y

7.6.b. Type of training provided (select at least one)

- ☐ 7.6.b.1. Classroom
- ☐ 7.6.b.2. On the job
- ☐ 7.6.b.3. Other (specify) (maximum 200 characters) _____

7.6.c. Type of competency testing used (select at least one)

- | | |
|---|--|
| <input type="checkbox"/> 7.6.c.1. Written test | <input type="checkbox"/> 7.6.c.4. Observation |
| <input type="checkbox"/> 7.6.c.2. Oral test | <input type="checkbox"/> 7.6.c.5. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 7.6.c.3. Demonstration | _____ |

7.7. Maintenance

7.7.a. Date of most recent review or revision of maintenance procedures

____|____|____|____|____|____|
M M D D Y Y Y Y

7.7.b. Date of most recent equipment inspection or test

____|____|____|____|____|____|
M M D D Y Y Y Y

7.7.c. Equipment most recently inspected or tested (list equipment) (maximum 200 characters)





Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

7

Section 7. Prevention Program: Program 3

7.8. Management of Change

7.8.a. Date of most recent change that triggered management of change procedures

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

7.8.b. Date of most recent review or revision of management of change procedures

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

7.9. Date of most recent pre-startup review

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

7.10. Compliance audits

7.10.a. Date of most recent compliance audit

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

7.10.b. Expected or actual date of completion of all changes resulting from the compliance audit

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

7.11. Incident investigation

7.11.a. Date of your most recent incident investigation (if any)

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

7.11.b. Expected or actual date of completion of all changes resulting from the incident investigation

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

7.12. Date of most recent review or revision of employee participation plans

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

7.13. Date of most recent review or revision of hot work permit procedures

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

7.14. Date of most recent review or revision of contractor safety procedures

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

7.15. Date of most recent evaluation of contractor safety performance

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y





EPA Facility ID# (leave blank for first submission only)

Section 8. Prevention Program: Program 2

(If you need to report more than one prevention program, make a photocopy of pages 8-1 through 8-4 and report each separately)

[illegible]

If you need more space to list chemicals, please make a photo copy of this sheet.

8.3.a. Date of most recent review or revision of safety information

- ☐ 8.3.b.1. NFPA 58 (or state law based on NFPA 58)
- ☐ 8.3.b.2. OSHA (29 CFR 1910.111)
- ☐ 8.3.b.3. ASTM Standards
- ☐ 8.3.b.4. ANSI Standards
- ☐ 8.3.b.5. ASME Standards
- ☐ 8.3.b.6. None

☐ 8.3.b.7. Other (specify) (maximum 200 characters)

8.3.b.8. Comments (maximum 100 characters)



Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

8

Section 8. Prevention Program: Program 2

8.4. Hazard review

8.4.a. Date of completion of most recent hazard review or update

____|____|____|____|____|____|
M M D D Y Y Y Y

8.4.b. Expected or actual date of completion of all changes resulting from the hazard review

____|____|____|____|____|____|
M M D D Y Y Y Y

8.4.c. Major hazards identified (select at least one)

- | | |
|--|--|
| <input type="checkbox"/> 8.4.c.1. Toxic release | <input type="checkbox"/> 8.4.c.11. Loss of cooling, heating, electricity, instrument air |
| <input type="checkbox"/> 8.4.c.2. Fire | <input type="checkbox"/> 8.4.c.12. Earthquake |
| <input type="checkbox"/> 8.4.c.3. Explosion | <input type="checkbox"/> 8.4.c.13. Floods (flood plain) |
| <input type="checkbox"/> 8.4.c.4. Runaway reaction | <input type="checkbox"/> 8.4.c.14. Tornado |
| <input type="checkbox"/> 8.4.c.5. Polymerization | <input type="checkbox"/> 8.4.c.15. Hurricanes |
| <input type="checkbox"/> 8.4.c.6. Overpressurization | <input type="checkbox"/> 8.4.c.16. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 8.4.c.7. Corrosion | _____ |
| <input type="checkbox"/> 8.4.c.8. Overfilling | _____ |
| <input type="checkbox"/> 8.4.c.9. Contamination | |
| <input type="checkbox"/> 8.4.c.10. Equipment failure | |

8.4.d. Process controls in use (select at least one)

- | | |
|---|---|
| <input type="checkbox"/> 8.4.d.1. Vents | <input type="checkbox"/> 8.4.d.13. Backup pump |
| <input type="checkbox"/> 8.4.d.2. Relief valves | <input type="checkbox"/> 8.4.d.14. Grounding equipment |
| <input type="checkbox"/> 8.4.d.3. Check valves | <input type="checkbox"/> 8.4.d.15. Inhibitor addition |
| <input type="checkbox"/> 8.4.d.4. Scrubbers | <input type="checkbox"/> 8.4.d.16. Rupture disks |
| <input type="checkbox"/> 8.4.d.5. Flares | <input type="checkbox"/> 8.4.d.17. Excess flow device |
| <input type="checkbox"/> 8.4.d.6. Manual shutoffs | <input type="checkbox"/> 8.4.d.18. Quench system |
| <input type="checkbox"/> 8.4.d.7. Automatic shutoffs | <input type="checkbox"/> 8.4.d.19. Purge system |
| <input type="checkbox"/> 8.4.d.8. Interlocks | <input type="checkbox"/> 8.4.d.20. None |
| <input type="checkbox"/> 8.4.d.9. Alarms and procedures | <input type="checkbox"/> 8.4.d.21. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 8.4.d.10. Keyed bypass | _____ |
| <input type="checkbox"/> 8.4.d.11. Emergency air supply | _____ |
| <input type="checkbox"/> 8.4.d.12. Emergency power | |





Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

8

Section 8. Prevention Program: Program 2

8.4.e. Mitigation systems in use (select at least one)

- | | |
|--|---|
| <input type="checkbox"/> 8.4.e.1. Sprinkler system | <input type="checkbox"/> 8.4.e.8. Neutralization |
| <input type="checkbox"/> 8.4.e.2. Dikes | <input type="checkbox"/> 8.4.e.9. None |
| <input type="checkbox"/> 8.4.e.3. Fire walls | <input type="checkbox"/> 8.4.e.10. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 8.4.e.4. Blast walls | _____ |
| <input type="checkbox"/> 8.4.e.5. Deluge system | _____ |
| <input type="checkbox"/> 8.4.e.6. Water curtain | |
| <input type="checkbox"/> 8.4.e.7. Enclosure | |

8.4.f. Monitoring/detection systems in use (select at least one)

- | | |
|--|--|
| <input type="checkbox"/> 8.4.f.1. Process area detectors | <input type="checkbox"/> 8.4.f.4. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 8.4.f.2. Perimeter monitors | _____ |
| <input type="checkbox"/> 8.4.f.3. None | _____ |

8.4.g. Changes since last hazard review or hazard review update (select at least one)

- | | |
|--|---|
| <input type="checkbox"/> 8.4.g.1. Reduction in chemical inventory | <input type="checkbox"/> 8.4.g.8. None recommended |
| <input type="checkbox"/> 8.4.g.2. Increase in chemical inventory | <input type="checkbox"/> 8.4.g.9. None |
| <input type="checkbox"/> 8.4.g.3. Change in process parameters | <input type="checkbox"/> 8.4.g.10. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 8.4.g.4. Installation of process controls | _____ |
| <input type="checkbox"/> 8.4.g.5. Installation of process detection systems | _____ |
| <input type="checkbox"/> 8.4.g.6. Installation of perimeter monitoring systems | |
| <input type="checkbox"/> 8.4.g.7. Installation of mitigation systems | |

8.5. Date of most recent review or revision of operating procedures

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

8.6. Training

8.6.a. Date of most recent review or revision of training programs

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

8.6.b. Type of training provided (select at least one)

- ☐ 8.6.b.1. Classroom
- ☐ 8.6.b.2. On the job
- ☐ 8.6.b.3. Other (specify) (maximum 200 characters)
- _____





Risk Management Plan

Facility Name: _____

_____-_____-_____
EPA Facility ID# (leave blank for first submission only)

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Section 8. Prevention Program: Program 2

8.6.c. Type of competency test used (select at least one)

- ☐ 8.6.c.1. Written test
☐ 8.6.c.2. Oral test
☐ 8.6.c.3. Demonstration
☐ 8.6.c.4. Observation

☐ 8.6.c.5. Other (specify) (maximum 200 characters)

8.7. Maintenance

8.7.a. Date of most recent review or revision of maintenance procedures

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

8.7.b. Date of most recent equipment inspection or test

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

8.7.c. Equipment most recently inspected or tested (list equipment) (maximum 200 characters)

8.8. Compliance audits

8.8.a. Date of most recent compliance audit

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

8.8.b. Expected or actual date of completion of all changes resulting from the compliance audit

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

8.9. Incident investigation

8.9.a. Date of your most recent incident investigation (if any)

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

8.9.b. Expected or actual date of completion of all changes resulting from the incident investigation

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y

8.10. Date of most recent change that triggered a review or a revision of safety information, the hazard review, operating or maintenance procedures, or training

_____|_____|_____|_____|_____|_____|
M M D D Y Y Y Y



EPA Facility ID# (leave blank for first submission only)

Section 9. Emergency Response

9.1.a. ☐ Is your facility included in the written community emergency response plan?

9.1.b. ☐ Does your facility have its own written emergency response plan?

9.2. ☐ Does your facility's ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?

9.3. ☐ Does your facility's ER plan include procedures for informing the public and local agencies responding to accidental releases?

9.4. ☐ Does your facility's ER plan include information on emergency health care?

9.7.a. Name of agency (maximum 35 characters)

9.7.b. Phone number () -

- ☐ 9.8.a. OSHA Regulations at 29 CFR 1910.38
- ☐ 9.8.b. OSHA Regulations at 29 CFR 1910.120
- ☐ 9.8.c. Clean Water Act Regulations at 40 CFR 112
- ☐ 9.8.d. RCRA Regulations at 40 CFR 264, 265, 279.52
- ☐ 9.8.e. OPA-90 Regulations at 40 CFR 112, 33 CFR 154, 49 CFR 194, 30 CFR 254
- ☐ 9.8.f. State EPCRA Rules or Laws
- ☐ 9.8.g. Other (specify) (maximum 200 characters)

APPENDIX B

Form Approved: February 22, 1999
OMB Control Number: 2050-0144

ELECTRONIC WAIVER FORM

Facility Name: _____

EPA Facility ID#: **GGGG - GGGG - GGGG**
(Leave blank for first submission only)

Risk Management Plan Electronic Waiver Form

Note: check all that apply.

- (1) The reason(s) I am not submitting in electronic format is:
- G I have no computers on site
 - G The software is incompatible (Ex: I only have access to a Macintosh computer)
 - G Other (specify)_____
- (2) I considered alternative means to file electronically (visiting a local copy store which rents computers, going to my State or local government office to use their computer, etc.), but for the following reason I am not submitting in electronic format:
- G No commercial or public computer access available within 5 miles
 - G Contractor costs too great
 - G Computer use rental/lease costs too great
 - G No trained personnel
 - G Other (specify)_____

Signature

Print Name

Title

Date

SAMPLE CERTIFICATION LETTERS

Certification Statement for Program 1 Process(es):

Based on the criteria in 40 CFR 68.10, the distance to the specified endpoint for the worst-case accidental release scenario for the following process(es) is less than the distance to the nearest public receptor:

- [insert description for first program 1 process from executive summary]
- [insert description for second program 1 process from executive summary]]
- etc.

Within the past five years, the process(es) has (have) had no accidental release that caused offsite impacts provided in the risk management program rule (40 CFR 68.10(b)(1)). No additional measures are necessary to prevent offsite impacts from accidental releases. In the event of fire, explosion, or a release of a regulated substance from the process(es), entry within the distance to the specified endpoints may pose a danger to public emergency responders. Therefore, public emergency responders should not enter this area except as arranged with the emergency contact indicated in the RMP. The undersigned certifies that, to the best of my knowledge, information, and belief, formed after reasonable inquiry, the information submitted is true, accurate, and complete.

Signature

Print Name

Title

Date

Certification Statement for Program Level 2 & 3 Processes:

To the best of the undersigned's knowledge, information, and belief formed after reasonable inquiry, the information submitted is true, accurate, and complete.

Signature

Print Name

Title

Date

Certification Statement for a Correction:

To the best of the undersigned's knowledge, information, and belief formed after reasonable inquiry, these corrections and/or administrative changes are true, accurate, and complete.

Signature

Print Name

Title

Date

EPA Facility ID # **GGGG - GGGG - GGGG**

APPENDIX D

Form Approved: February 22, 1999
OMB Control Number: 2050-0144

CBI SUBSTANTIATION FORM

If you are claiming Confidential Business Information (CBI) in your Risk Management plan (RMP), you must substantiate your claim at the same time that you submit your RMP. To qualify for CBI protection, the substantive criteria in 40 CFR 2.301 must be met. Certain RMP data elements cannot be claimed CBI, as stated in 40 CFR 68.151.

Fill out this form for each data element or set of data elements that have a discrete substantiation. You may use one CBI Substantiation Form to report multiple data elements as CBI if the basis for substantiation is the same. That means the answers to the questions in Part IV must be the same for all the data elements. If you need more space in Part III, please attach a separate piece of paper.

Burden Statement

The public reporting and recordkeeping burden for this collection of information is estimated to average 8.5 hours per claim. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, OPPE Regulatory Information Division, U.S. Environmental Protection Agency (2137), 401 M St., S.W., Washington D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed CBI substantiation to this address.

Part I -- Facility Identification Information

The information given here must correspond to the information that you provided in the registration section of your RMP. If you have an EPA Facility ID #, please include this information. If you are resubmitting, updating or correcting your RMP, you should already have received an EPA Facility ID#.

a. Facility Name:

b. EPA Facility ID # (if assigned):

GGGG - GGGG - GGGG

c. Facility Location Address:	
d. City, State and Zip Code:	
e. Dun and Bradstreet Number:	
<p>Part II – Is this substantiation a sanitized or an unsanitized version? If this substantiation contains any CBI, you must also submit a sanitized substantiation (without CBI data) as stated in 40 CFR 68.152. In this case, submit 2 copies of this form, one sanitized and one unsanitized. Please indicate here whether this form is sanitized or unsanitized.</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized </div>	
<p>Part III – List the RMP Data Elements which you are claiming CBI that are covered in this substantiation form. List the data element number and its descriptive name, but NOT the actual CBI data. Please note that you may use one substantiation form for more than one data element only if the answers to all of the questions in Part IV are the same for those data elements.</p>	
Data Element #	Data Element Name

Part IV – The following are criteria set forth in 40 CFR §§ 2.204, 2.208 and 2.301 for substantiating CBI claims. Provide answers to each of the following questions to substantiate your claim. If you need additional space, use separate sheets of paper.

(a) For any data elements that you wish to claim CBI that are listed in Part III, please indicate whether your business has previously submitted a CBI claim for this data element to EPA and whether that claim has expired, been waived, or been withdrawn.

(b) What reasonable measures have you taken to protect the confidentiality of the information and do you intend to continue to take these measures?

(c) Have you disclosed the information to anyone other than a governmental body? If so, why should the information still be considered confidential? If not, is the information reasonably obtainable without your consent? Has EPA or another Federal agency made a determination as to the confidentiality of the information? If so, please attach a copy of the determination.

(d) Does any statute require public disclosure of the information for which you are claiming CBI? If so, identify the law.

(e) (1) For each data element claimed as CBI in Part III, discuss with specificity why release of the information is likely to cause substantial harm to your competitive position. Explain the nature of those harmful effects, why they should be viewed as substantial, and the causal relationship between disclosure and such harmful effects. For example, how could your competitors make use of this information to your detriment?

(2) Do you assert that the information is “voluntarily submitted” as defined at 40 CFR 2.201(i)? If so, explain why, and how disclosure would tend to lessen the Government’s ability to obtain necessary information in the future.

Part V - Certification (Read and sign after completing all sections)

To the best of the undersigned's knowledge, information, and belief formed after reasonable inquiry, the information submitted is true, accurate, and complete.

Name and official title of owner or operator or senior management official

Signature (All signatures must be original)

Print Name

Official Title

Date Signed

APPENDIX E

Form Approved: February 22, 1999
OMB Control Number: 2050-0144

CBI UNSANITIZED DATA ELEMENT FORM

If you are claiming Confidential Business Information (CBI) in your RMP, you must submit in paper form both the information being claimed CBI and a substantiation for your claim at the time you submit your redacted or "sanitized" RMP. This form should be used to submit the confidential information. The redacted RMP will be made available to the public in RMP*Info.

If you need additional space, make a copy of page 2 of this form.

Part I. Facility Identification Information

The information given here should correspond to the information that you filled out in the registration section of your RMP. If you have an EPA Facility ID#, please include this information. You will have received the number after your first submission.

a. Facility Name:		
b. EPA Facility ID # (if assigned): GGGG - GGGG - GGGG		
c. Facility Location Address:		
d. City, State and Zip Code:		
e. Dun and Bradstreet Number:		
Part II - Information claimed as CBI Please list the data element number(s) from the RMP form (paper form or electronic form), the name(s) of the element(s) you are claiming CBI, and the actual CBI data.		
Data Element Number	Name of Data Element	RMP Data Claimed as CBI

Data Element Number	Name of Data Element	RMP Data Claimed as CBI

HOW TO REPORT YOUR FACILITY LATITUDE AND LONGITUDE

There are four data elements to report for latitude and longitude:

- 1.5.g. Latitude
- 1.5.h. Longitude
- 1.5.i. Lat/Long Method
- 1.5.j. Lat/long Description

Choosing your Description

You will first need to choose your Lat/Long "**Description**" which represents the exact location of your latitude and longitude values. The most common Lat/Long "**Descriptions**" are "PG" for Plant Gate or entrance and "CE" indicates the Center of your facility. RMP*Submit and the User Manual contain a list of codes to be used for this element.

Choosing your Method

Next, you need to choose a "**Method**" for determining your Lat/Long. RMP*Submit and the User Manual contain a list of codes to be used for this element. There are four general methods to determine your site latitude and longitude: Global Positioning Systems (GPS); Geographic Information Systems (GIS); Internet-based address finders; and paper maps. These methods are described below in order of accuracy (GPS is the most accurate way to determine a lat/long, paper maps is the least accurate method). Although it is preferable that you use the most accurate method available to you, all four methods are acceptable.

1. **Global Positioning Systems (GPS).** If you have access to a GPS unit, take the reading at the place specified by the Lat/Long "**Description**" that you choose. Most GPS units allow you to choose between display in decimal degrees and degrees/minutes/seconds. You should choose degrees/minutes/seconds, since that is the required format for latitude and longitude. If you can only get the reading in decimal degrees, you will have to convert it (see conversion instructions below or RMP*Submit's conversion tool).

To answer 1.5.i. "**Method**" for determining Lat/Long , enter one of the values "G1" through "G7" from the list which represent specific types of GPS unit, or "GO" (GPS-Other/ unspecified).

2. **Geographic Information Systems (GIS).** If you have your own GIS, navigate to your street and pinpoint the exact location that you choose for your Lat/Long "**Description**" field (1.5.j). Your GIS should report (usually on a status bar) the latitude and longitude of the focus point or map marker. Your GIS should also allow a preference for display in degrees/minutes/seconds rather than decimal degrees. If you can only get the reading in decimal degrees, you will have to convert it (see conversion instructions below or RMP*Submit's conversion tool).
If you do not own a GIS, you can download a free "mini" GIS system called LandView™. It will give you a map of your county with lat/long coordinates. Visit the CEPPO Homepage at

<http://www.epa.gov/ceppo/tools.html> for more information.

To answer **1.5.i. "Method" for determining Lat/Long** on your RMP, enter "I4" which represents "Interpolation - Digital map source (TIGER): derived from a digital map, mapping software or mapping tool."

3. **Internet-based address finders.** There are numerous Internet sites for viewing maps and finding specific locations. The one that seems best suited for quick determination of latitude and longitude is at:

<http://www.etakguide.com/#FindLocation>

This system requests an address, and optionally a cross street. Since exact address matching is not available for many parts of the country, supplying a cross street helps the system to draw a map that is near your location. Once the map is drawn, click on the "Lat/Long" button above the map, then click on the map at the location that you choose for your Lat/Long **"Description"** field (1.5.j). The system will display the latitude and longitude in decimal degrees. You will have to convert to degrees/minutes/seconds (see conversion instructions below or RMP*Submit's conversion tool). Other Internet-based mapping tools can be found at:

<http://www.mapblast.com>

<http://tiger.census.gov/cgi-bin/mapbrowse-tbl>

To answer **1.5.i. "Method" for determining Lat/Long**, enter "I4" which represents "Interpolation - Digital map source (TIGER): derived from a digital map, mapping software or mapping tool."

4. **Paper maps.** Choose a map that shows a relatively small area, and that has latitude/longitude tick marks along the edges. A county map book with a small section of the county on each page, or a USGS topographic map is ideal. County map books are available in many public libraries, bookstores and office supply stores. USGS maps are available in many libraries or may be purchased directly from the USGS by submitting a written request to:

Distribution Branch of the USGS
P.O. Box 25286
Denver Federal Center
Denver, CO 90225
Phone: (303) 236-7477.

Do not use a common road atlas with one state map per page or state highway maps because they generally show too large an area to obtain adequate latitude/longitude value.

After finding your exact location on the map, see where that point lies in relation to the latitude and longitude tick marks. Latitude runs north-south and longitude runs east-west. As an example, if your latitude is half way between 38° 40' 00" (translated as 38 degrees, 40 minutes, 0 seconds), and 38° 50' 00", your latitude would be half way between the two latitude values, or 38° 45' 00". If your latitude is three-quarters of the way between the two tick marks, it would be 38° 47' 30". Perform the same exercise to determine longitude.

To answer **1.5.i. "Method" for determining Lat/Long**, enter "I1" which represents "Interpolation – Map: derived from a paper or other non-digital map."

Reporting Latitude and Longitude

Once you have your latitude and longitude values, you'll need to make sure they are in the proper format, you will report latitude and longitude coordinates in ***"degrees, minutes, and seconds."***

The format for the RMP is: Latitude: +/-D D M M S S . S Longitude: +/-D D D M M S S . S

Enter only numerical data. Do not preface numbers with letters such as N or W to denote the hemisphere. For RMP*Submit, the default for the hemisphere is "+" for east and north. However because "+" is assumed by the system, you must leave that space blank for east and north. For west and south, enter a negative, "-", as the first character. Enter both latitude and longitude to the nearest second.

Be careful not to reverse your latitude and longitude coordinates. Latitude in the 48 contiguous states ranges from 25° to 49°, while longitude ranges from 72° to 124°.

Converting decimal degrees to degrees/minutes/seconds

If your GIS, GPS, or Internet-based mapping tool provides latitude and longitude only in decimal degrees, you must convert to degrees/minutes/seconds. RMP*Submit has an automatic latitude/longitude conversion utility.

These instructions use the following decimal degree values as an example:

latitude	38.327654	[38.327654 degrees North Latitude]
longitude	-98.887435	[98.887435 degrees West Longitude]

Step one: The value for Degrees is the same for both decimal degrees and degrees/minutes/seconds. Use the number to the left of the decimal point for degrees. Reserve the remainder (after the decimal point) for steps two and three. For this example,

latitude degrees =	38	[38 degrees North Latitude]
longitude degrees =	-98	[98 degrees West Longitude]

Step two: The value for Minutes is the decimal portion of the degrees times 60. For this example,

latitude minutes:	60 minutes times .327654 = 19.65924, or 19 minutes
longitude minutes:	60 minutes times .887435 = 53.2461, or 53 minutes .

Use the numbers to the left of the decimal point for minutes. The remainder to the right of the decimal point are used to determine the seconds.

Step three: The value for Seconds is the decimal portion of the minutes calculation times 60. For this example,

latitude seconds:	60 seconds times .65924 = 39.5544 seconds
-------------------	--

longitude seconds: 60 seconds times .2461 = **14.766 seconds**

If your result contains more than one decimal place, you should round to a single decimal place.

End Result: The coordinates in degrees/minutes/seconds for this example are

latitude:	38° 19' 39.6"	[38 degrees 19 minutes 39.6 seconds north latitude]
longitude	-98° 53' 14.8"	[98 degrees 53 minutes 14.8 seconds west longitude]

STATE RMP CONTACTS

Alaska (currently, is not be seeking delegation)

John Stone
Alaska Department of Environmental
Conservation, Air Division
410 Willoghby Avenue, Suite 105
Juneau, AK 99801-1795
phone 907-465-5103
jstone@envircon.state.ak.us

Arizona (will not be seeking delegation)

Daniel Roe, Executive Director
AZ State Emergency Response Commission
(AZSERC)
5636 East McDowell Road
Phoenix, AZ 85008
phone 602-231-6345
fax 602-392-7519
roed@dem.state.az.us

California (will be seeking delegation)

Steve DeMello
CA Office of Emergency Services
P.O. Box 419047
Rancho Cordova, CA 95741-9047
phone 916-464-3281
fax 916-464-3205
Steven_DeMello@oes.ca.gov

Connecticut

Greg Fitzpatrick
Department of Environmental Protection
Bureau of Air Management
79 Elm St.
Hartford, CT 06106
phone 860-424-3962
fax 860-424-4063

Delaware (will be seeking delegation)

Robert Barrish/ Richard Antoff/ Jay Brabson
DE Department of Natural Resources
and Environmental Control
Division of Air and Waste Management
715 Grantham Lane
New Castle, DE 19720
phone 302-323-4542
fax 302-323-4561/4598
bbarrish@state.de.us, rantoff@state.de.us
jbrabson@state.de.us

District of Columbia (will be seeking delegation)

Stan Tracey, Abraham Hagos
Air Quality Division
Environmental Health Administration
2100 Martin Luther King, Ave, S.E., Suite 203
Washington, DC 20020
phone 202-645-6093
fax 202-645-6102
stracey@mail.environ.state.dc.us
ahagos@mail.environ.state.dc.us

Florida (will seek delegation for all sources,
except those with propane as their only regulated
substance and covered process)

Dept. of Community Affairs
FL Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, Fla. 32399
phone 850-413-9970
fax 850-488-1739

Georgia

Kent Howell
Georgia Dept. of Natural Resources
Environmental Protection Division
7 M.L. King Jr. Drive, Suite 139
Atlanta, Ga. 30334
phone 404-656-6905
fax 404-657-7893
kent_howell@mail.dnr.state.ga.us

Hawaii (will be doing partial implementation and will seek delegation in 2000)

Marsha Graf
Hawaii State Department of Health
919 Ala Moana Blvd., Rm 206
Honolulu, Hawaii 96814-4912
phone 808-586-4694
fax 808-586-7537
mgraf@eha.health.state.hi.us@IN

Kentucky - Jefferson County

Art Williams
Air Pollution Control District of Jefferson County
850 Barrett Avenue, Suite 200
Louisville, KY 40204
502 574-6000 phone
502 574-5306 fax
awilliam@iglou.com

Mississippi (is seeking delegation)

Danny Jackson
Mississippi Dept. of Environmental Quality
Office of Pollution Control, Air Division
P.O. Box 10385
Jackson, Ms. 39289-0385
phone 601-961-5225
fax 601-961-5725
Jackson_Danny@deq.state.ms.us

Nevada (will be seeking delegation)

Mark Zusy, P.E.
Nevada Department of Conservation and Natural Resources
Division of Environmental Protection
333 W. Nye Lane, Room 138
Carson City, NV 89706-0851
phone 702-687-4670 x3012
fax 702-687-6396
mzusy@ndep.carson-city.nv.us

New Jersey

Reginald Baldini
NJ Bureau of Chemical Release Information and Prevention
22 South Clinton Avenue
P.O. Box 424
Trenton, N.J. 08625-0424
phone 609-633-7289
fax 609-633-7031
sschiffman@dep.state.nj.us

North Carolina (will be seeking delegation)

Mike Chapman
NC Dept of Environment
P.O. Box 29580
Raleigh, N.C. 27626-0580
phone 919-715-3467
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michael_chapman@ncair.net

North Carolina - Forsyth County

Carol Curran / Keith Tart
Forsyth County Environmental Affairs Dept.
537 North Spruce Street
Winston-Salem, N.C. 27101-1362
phone 336-727-8060
fax 336-727-2777
curranm@co.forsyth.nc.us.
tartkf@co.forsyth.nc.us

North Carolina - Asheville/ Western NC

Regional Air Pollution Control Agency
James L. Cody
49 Mt. Carmel Road
Asheville, North Carolina 28806
phone (704) 255-5655
fax (704) 255-5226

Oregon (currently, is not be seeking delegation)

John Kinney
Oregon Department of Environmental Quality
Air Quality Division
811 Sw Sixth Avenue
Portland, OR 97204
phone 503-229-6819
Kinney.John@deq.state.or.us

Pennsylvania - Allegheny County (will be seeking delegation)

Tom Puzniak
Allegheny County Health Department
Bureau of Air Pollution Control
301 39th Street
Pittsburgh, PA 15201
phone 412-578-8319 or 7960
fax 412-578-8144
TJPUZ1@Bellatlantic.net

Pennsylvania - Philadelphia

Thomas Huynh
Air Management Services
Spelman Building, 2nd Floor
321 University Avenue
Philadelphia, PA 19104
phone 215-685-7572
fax 215-685-7593
THOMAS.HUYNH@PHILA.GOV

Puerto Rico

Nelson Moreno, Program Manager
Puerto Rico Environmental Quality Board
Air Program
Ponce de Leon Avenue #431
Hatorey, Puerto Rico 00917
phone 787-767-8025

Rhode Island

Gina Friedman
Dept. of Environmental Management
Division of Air Resources
291 Promenade St.
Providence, RI 02908
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fax 401-222-2017

South Carolina

Rhonda B. Thompson
Bureau of Air Quality Control
SC Dept of Health and Environmental Health
2600 Bull Street
Columbia, S.C. 29201-1708
phone 803-898-4391
fax 803-898-4117
thompsrb@columb31.dhec.state.sc.us

Virgin Islands

Leonard Reed
Virgin Islands Department of Planning and
Natural Resources
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U.S. Virgin Islands 00820
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Washington (currently, is not be seeking delegation)

Peter Lyons
Washington Department of Ecology
Air Quality Program
PO Box 47600
Olympia, WA 98504-7600
phone 360-407-7530
fax 360-407-6802

John Ridgway
Washington Department of Ecology
Community Right-to-Know Unit
PO Box 47659
Olympia, WA 98504-7659
phone 360-407-6713
fax 360-407-6715
jrid461@ecy.wa.gov

EPA REGIONAL RMP CONTACTS

REGION 1

Office of Environmental Stewardship (SPP)
JFK Federal Building
One Congress St.
Boston, MA. 02203-2211
(617) 565-9232
(617) 565-4939 FAX
Email: dinardo.ray@epa.gov

REGION 2

Emergency Response and Remedial Division (MS211)
2890 Woodbridge Avenue
Edison, NJ 08837-3679
(732) 321-6620
(732) 321-4425 FAX
Email: ulshoefer.john@epa.gov

REGION 3

CEPP and Site Assessment Section (3HS33)
1650 Arch Street
Philadelphia, PA 19103-2029
(215)-814-3033
(215)-814-3254 FAX
Email: shabazz.mikal@epamail.epa.gov

REGION 4

Air Pesticides and Toxics Management Division
Atlanta Federal Center
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-9121
(404) 562-9095 FAX
Email: patmon.michelle@epa.gov

REGION 5

Superfund Division (SC6J)
77 W. Jackson Blvd.
Chicago, IL 60604
(312) 886-4061
(312) 886-6064 FAX
Email: mayhugh.robert@epa.gov

REGION 6

Superfund Division (6SF-RP)
1445 Ross Avenue
Dallas, TX 75202-2733
(214) 665-2292
(214) 665-7447 FAX
Email: mason.stephen@epa.gov

REGION 7

Air, RCRA, and Toxics Division (ARTD/TSPP)
726 Minnesota Ave.
Kansas City, KS 66101
(913) 551-7876
(913) 551-7065 FAX
Email: smith.marka@epa.gov

REGION 8

Ecosystems Protection and Remediation (8EPR-ER)
One Denver Place
999-18th Street, Suite 500
Denver, CO 80202-2405
(303) 312-6760
(303) 312-6071 FAX
Email: benoy.barbara@epa.gov

REGION 9

Superfund Division (SFD-5)
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-2320
(415) 744-1916 FAX

REGION 10

Emergency Response & Site Cleanup Unit (ECL-116)
Office of Environmental Cleanup
U.S. EPA Region 10
1200 Sixth Ave.
Seattle, WA 98101
206-553-0285

RMP*SUBMIT RELATED MATERIALS

Documents

In the following list, materials marked with an asterisk (*) can be downloaded directly from the Internet homepage of EPA's Chemical Emergency Preparedness and Prevention Office (CEPPO) at <http://www.epa.gov/swercepp/acc-pre.html>. Most are available in Adobe Portable Document Format (PDF) — accessible with the free downloadable Adobe Acrobat Reader software, as text files, or in Corel WordPerfect 6.1. You can download a free Adobe Acrobat Reader from www.adobe.com. Alternatively, one or more copies of documents developed by EPA may be ordered from EPA's National Center for Environmental Publications and Information (NCEPI):

US EPA/NCEPI
PO Box 42419
Cincinnati, OH 45242-2419
Phone: (800) 490-9198
Fax: (513) 489-8695
www.epa.gov/epahome/publications

General Guidance for Risk Management Programs* (EPA 550-B98-003)

This document provides guidance to help facility owners and operators determine if their processes are subject to regulation under section 112(r) of the Clean Air Act and 40 CFR part 68 and to help them comply with the regulations. An appendix to this document provides the latest, final regulatory text.

RMP Offsite Consequence Analysis (OCA) Guidance* (EPA 550-B96-014)

The OCA Guidance provides simple methods and reference tables for use in preparing both worst-case and alternate release scenarios. This document will be updated in early 1999.

CAA Section 112(r) Frequently Asked Questions.*

This document is a list of commonly asked questions with answers provided by EPA. Categories of questions include the General Duty Clause, applicability, program level screening, hazard assessment, prevention program, emergency response program, enforcement, and implementation.

Industry-Specific Risk Management Programs and Plans

Generic guidance has been developed to help owners and operators of facilities in various industries comply with the RMP regulation. Each guidance includes sections on hazard assessment and emergency response, along with appendices relating to industry-specific issues. The following model plans have been developed by EPA and are available free of charge:

- **Risk Management Program and Plan for Ammonia Refrigeration Facilities.*** This guidance is intended for facilities with ammonia refrigeration systems (e.g., food processors and distributors, refrigerated warehouses). The guidance covers only

anhydrous ammonia and provides offsite consequence analyses that are specific to the ways in which ammonia is handled in an ammonia refrigeration system. Because virtually all covered ammonia refrigeration systems will be subject to either Program 1 or Program 3, this document provides no guidance on the Program 2 prevention program. The EPA publication number is 550-B98-014. It is available on the Internet at:

<http://www.epa.gov/swercepp/acc-pre.html#Ammonia>

- **RMP Guidance for Propane Storage Facilities.*** This document (developed under an EPA grant by the State of Delaware) is intended as comprehensive RMP guidance for large propane storage or distribution facilities who already comply with propane industry standards. This guidance assumes that propane is the ONLY regulated substance stored at the facility. The EPA publication number is 550-B98-011. It is available on the Internet at: **<http://www.epa.gov/swercepp/acc-pre.html#Long Propane>**
- **RMP Guidance for Propane Users and Small Retailers.*** This document is intended as condensed guidance for smaller businesses who store or use propane and who already comply with propane industry standards. The guidance and sample RMPs assume that propane is the ONLY regulated substance stored at the facility. It is intended as a "bare-bones" guidance for small businesses - it includes sample RMPs for program 1 and 2 facilities. The EPA publication number is 550-B98-022. It is available on the Internet at: **<http://www.epa.gov/swercepp/acc-pre.html#Short Propane>**
- **Risk Management Program Guidance for Wastewater Treatment Plants.*** This guidance document (developed with input from the Association of Metropolitan Sewerage Agencies (AMSA)) is intended for wastewater treatment plants (public and private) that use chlorine, sulfur dioxide, ammonia, methane, and propane. It includes guidance specific to these substances as used and produced at wastewater treatment plants. The guidance provides chemical-specific offsite consequence analyses as well as industry-specific information on prevention programs. The EPA publication number is 550-B98-010. It is available on the Internet at:
<http://www.epa.gov/swercepp/acc-pre.html#POTW Guidance>
- **Risk Management Program Guidance for Warehouses*** (January 1999)
This guidance document (developed with input from the International Warehouse Logistics Association (IWLA)) contains comprehensive RMP implementation guidance for chemical warehouse owner/operators. The guidance includes simplified methods for conducting offsite consequence analyses on regulated substances commonly handled and stored at warehouses, as well as industry-specific information on accident prevention programs. The EPA publication number is 550-B90-004. It is available on the Internet at:
<http://www.epa.gov/swercepp/acc-pre.html#Warehouses>

- **Risk Management Program Guidance for Chemical Distributors*** (January 1999)
This guidance document (developed with input from the National Association of Chemical Distributors (NACD)) contains comprehensive RMP implementation guidance for owners and operators of chemical distribution facilities. The guidance includes simplified methods for conducting offsite consequence analyses on regulated substances commonly handled and stored at chemical distribution facilities, as well as industry-specific information on accident prevention programs. The EPA publication number is 550-B99-005. It is available on the Internet at: <http://www.epa.gov/swercepp/acc-pre.html#Distributors>

The following model plans have been developed by other groups and may include a fee:

- **Generic Risk Management Plan for Chlorine Packaging Plants and Sodium Hypochlorite Production Facilities** (Chlorine Institute Pamphlet 162) This document can be ordered for a fee from the Publications Coordinator, The Chlorine Institute, Inc., 2001 L Street, NW, Washington, D.C. 20036, phone 202-775-2790, fax 202-223-7225.
- **Model Risk Management Plan Guidance for Petroleum Refineries--Guidance for Complying with EPA's RMP Rule (40 Code of Federal Regulations 68), First Edition, August 1997** (API Publication 760) This document can be ordered from the American Petroleum Institute, Order Desk, 1220 L Street, NW, Washington, DC 20005.

Model Risk Management Plan Guidance for Exploration and Production Facilities--Guidance for Complying with EPA's RMP Rule (40 Code of Federal Regulations 68), First Edition, August 1997 (API Publication 761) This document can be ordered from the American Petroleum Institute, Order Desk, 1220 L Street, NW, Washington, DC 20005.

- **Compliance Guideline for EPA's Risk Management Program Rule.** This document can be ordered from the Chemical Manufacturers Association Publications Fulfillment, PO Box 522, Annapolis Junction, MD 20701-0552, phone 301-617-7822.
- **Compliance Guidance and Model Risk Management Program for Water Treatment Plants** (AWWARF order number 90760) This document can be ordered from the American Water Works Association Research Foundation, 6666 W. Quincy Ave., Denver, CO 80235, phone 303-347-6121.

Electronic Resources

CEPPO Homepage

The CEPPO homepage at www.epa.gov/ceppo/ provides access to many of the documents listed above and includes links to information on accident prevention and risk management planning, EPCRA, CRTK, databases and software, and much more.

RMP*Submit™ Program and Instructions

Software for the RMP*Submit program, installation and operation instructions, and the latest updates can be downloaded from the RMP*Submit homepage at:

<http://www.epa.gov/swercepp/rmp-dev.html>. RMP*Submit can be ordered from NCEPI in either CD-ROM (EPA publication #: 550-C99-001) or diskettes (EPA publication #: 550-C99-002). Both CD-ROM and diskettes come with the RMP*Submit User Manual (EPA publication #: 550-B99-001). The CD-ROM version also has RMP*Comp.

RMP*Comp™

RMP*Comp is an electronic tool developed by the U.S. National Oceanic and Atmospheric Administration (NOAA) to simplify performing the offsite consequence analysis required under the RMP rule. The program guides you through the process of making an analysis and eliminates the need to make any calculations by hand. Software and installation and operation instructions can be downloaded from the NOAA website at:

<http://response.restoration.noaa.gov/chemaids/rmp/rmp.html>

LandView™ III

LandView III is a desktop mapping system. It includes data compiled by EPA, the Bureau of the Census, and other federal agencies. Data is presented in a geographic context on maps displaying jurisdictional boundaries; networks of roads, rivers, and railroads; census block group and tract polygons; and other landmarks. Hardware and software requirements, prices, and ordering information are available from the Bureau of the Census website at

www.census.gov/geo/www/tiger/lv3desc.html

Computer-Aided Management of Emergency Operations (CAMEO®) and Areal Location of Hazardous Atmospheres (ALOHA®)

CAMEO was developed jointly by EPA and the National Oceanic and Atmospheric Administration (NOAA) to help emergency planners and responders in government and industry plan for and mitigate chemical accidents. The CAMEO software suite supports chemical emergency management with chemical safety and emergency response data, digitized mapping, and air dispersion modeling; ALOHA is the air dispersion modeling component within CAMEO. A demo version of the software is available from the National Safety Council website at

www.nsc.org/ehc/cameo.htm, where you can also find out about system requirements, how to order CAMEO, and when CAMEO workshops and training are being held, as well as join the CAMEO User's Forum.

3 DIGIT NAICS CODES

NAICS

Code	Business Activity
111	Crop Production
112	Animal Production
113	Forestry and Logging
114	Fishing, Hunting and Trapping
115	Support Activities for Agriculture and Forestry
211	Oil and Gas Extraction
212	Mining (except Oil and Gas)
213	Support Activities for Mining
221	Utilities
233	Building, Developing and General Contracting
234	Heavy Construction
235	Special Trade Contractors
311	Food Manufacturing
312	Beverage and Tobacco Product Manufacturing
313	Textile Mills
314	Textile Product Mills
315	Apparel Manufacturing
316	Leather and Allied Product Manufacturing
321	Wood Product Manufacturing
322	Paper Manufacturing
323	Printing and Related Support Activities
325	Chemical Manufacturing
326	Plastics and Rubber Products Manufacturing
327	Nonmetallic Mineral Product Manufacturing
331	Primary Metal Manufacturing
332	Fabricated Metal Product Manufacturing
333	Machinery Manufacturing
334	Computer and Electronic Product Manufacturing
335	Electrical Equipment, Appliance and Component Manufacturing
336	Transportation Equipment Manufacturing
337	Furniture and Related Product Manufacturing
339	Miscellaneous Manufacturing
421	Wholesale Trade, Durable Goods
422	Wholesale Trade, Nondurable Goods
441	Motor Vehicle and Parts Dealers
443	Electronics and Appliance Stores
444	Building Material and Garden Equipment and Supplies Dealers
445	Food and Beverage Stores
446	Health and Personal Care Stores

447	Gasoline Stations
452	General Merchandise Stores
453	Miscellaneous Store Retailers
454	Nonstore Retailers
481	Air Transportation
482	Rail Transportation
483	Water Transportation
484	Truck Transportation
485	Transit and Ground Passenger Transportation
486	Pipeline Transportation
487	Scenic and Sightseeing Transportation
488	Support Activities for Transportation
491	Postal Service
493	Warehousing and Storage Facilities
511	Publishing Industries
512	Motion Picture and Sound Recording Industries
513	Broadcasting and Telecommunications
532	Rental and Leasing Services
541	Professional, Scientific and Technical Services
561	Administrative and Support Services
562	Waste Management and Remediation Services
611	Educational Services
621	Ambulatory Health Care Services
622	Hospitals
712	Museums, Historical Sites and Similar Institutions
713	Amusement, Gambling and Recreation Industries
721	Accommodation
722	Foodservices and Drinking Places
811	Repair and Maintenance
812	Personal and Laundry Services
922	Justice, Public Order, and Safety
924	Administration of Environmental Quality Programs
927	Space Research and Technology
928	National Security and International Affairs
999	Unclassified Establishments